

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES
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FOR OFFICE USE ONLY

Date Received and Postmark Date

FORM C-4 (Revised 06/03)
**INCIDENTAL POLITICAL COMMITTEE
FINANCE REPORT**

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT FOR CERTIFICATION SIGNATURE

ORIGINAL FILING ☐

AMENDED FILING ☐

REPORTING PERIOD

From _____

To _____

☐ Initial Report

☐ Periodic Report

☐ Closing Report

☐ No new transactions in reporting period

NAME OF INCIDENTAL COMMITTEE

Full Name _____

Complete Mailing Address _____

(City, State, Zip Code)

Cash Summary: Money Received and Spent

1. **RECEIPTS** – Total received and deposited this period from Schedule A..... \$ _____

2. **CORRECTIONS** – Addition or subtraction from Schedule C.....(Circle + or --) + -- \$ _____

3. **EXPENDITURES** – Total paid out this period from Schedule B..... \$ _____

This report **must be signed by an officer whose name is on the Statement of Organization (Form C-2)** on file in the office of the Commissioner of Political Practices.

CERTIFICATION

I, _____, _____, certify that the foregoing
Name Title
report of campaign finances with all attachments is complete and correct to the best of my knowledge, in accordance with Montana Code Annotated Title 13, chapter 37.

Signature

THIS FORM MAY BE REPRODUCED

SCHEDULE A. Receipts – This Reporting Period		Date	In-Kind Description	Value	Cash or Check	Total to Date
1. Earmarked Contributions Less Than \$35 Each - Total						
2. Earmarked Contributions of \$35 or More. For each contributor: full name, complete mailing address, occupation & employer <u>REQUIRED</u> . ONE NAME ONLY FOR EACH CONTRIBUTION.		<u>Date Required</u>				
Name _____ Address _____ City, State, Zip _____	Occupation _____ Employer _____					
Name _____ Address _____ City, State, Zip _____	Occupation _____ Employer _____					
Name _____ Address _____ City, State, Zip _____	Occupation _____ Employer _____					
3. Rebates, Refunds, Other Miscellaneous Receipts (Describe)		Date				

TOTAL RECEIPTS THIS REPORTING PERIOD		
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SCHEDULE B. Expenditures – This Reporting Period				
<p><i>PLEASE NOTE: If an expenditure is made directly to a candidate or committee, provide the full name and complete mailing address of the candidate or committee under "Payee." If an expenditure is made on behalf of a candidate or committee, provide the full name and complete mailing address of the recipient under "Payee" and provide the name of the candidate or committee the expenditure was made on behalf of and what the expenditure was for under "Purpose."</i></p>				
PAYEE – Full Name & Complete Mailing Address <u>REQUIRED</u>	Purpose <u>Required</u>	Date <u>Required</u>	Amount Primary General	
Name _____ Address _____ City, State, Zip _____				
Name _____ Address _____ City, State, Zip _____				
SUBTOTAL OF EXPENDITURES THIS PAGE				

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE B. Expenditures – This Reporting Period

PLEASE NOTE: If an expenditure is made directly to a candidate or committee, provide the full name and complete mailing address of the candidate or committee under "Payee." If an expenditure is made **on behalf** of a candidate or committee, provide the full name and complete mailing address of the recipient under "Payee" and provide the name of the candidate or committee the expenditure was made on behalf of and what the expenditure was for under "Purpose."

PAYEE – Full Name & Complete Mailing Address <u>REQUIRED</u>	Purpose <u>Required</u>	Date <u>Required</u>	Amount	
			Primary	General
SUBTOTAL FORWARD (from previous page)				
_____ Name _____ Address _____ City, State, Zip				
_____ Name _____ Address _____ City, State, Zip				
_____ Name _____ Address _____ City, State, Zip				
_____ Name _____ Address _____ City, State, Zip				
_____ Name _____ Address _____ City, State, Zip				
TOTAL EXPENDITURES THIS REPORTING PERIOD				

SCHEDULE C. Report corrections to receipts, contributions, and expenditures reported on a prior report.

Originally Reported on DATE	SCHEDULE	As Originally Reported	Explain Correction